

# MARYLAND DEPARTMENT OF GENERAL SERVICES MINORITY BUSINESS ENTERPRISE PARTICIPATION

## **Prime Contractor Unpaid MBE Invoice Report** **To be completed monthly by Prime Contractor**

Prime Name \_\_\_\_\_  
 Report \_\_\_\_\_ Project Number # \_\_\_\_\_  
 Month/Year \_\_\_\_\_ Contracting Unit \_\_\_\_\_  
 Report due by 15th of following month. Contract Amount \_\_\_\_\_  
 MBE Subcontract Amount \_\_\_\_\_  
 Contract Begin Date \_\_\_\_\_  
 Contract End Date \_\_\_\_\_  
 Service Provided \_\_\_\_\_

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Prime Contractor Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Subcontractor Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Subcontractor Services Provided \_\_\_\_\_

**List any unpaid invoices over 30 days old received from this vendor and reason for non-payment.**

1.

2.

3.

**Total Amount Unpaid \$** \_\_\_\_\_

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**\*\*If more than one MBE subcontractor is used for this contract, please use separate report forms.**

Return completed form and any additional information as required to:

Department of General Services  
 Minority Business Office  
 301 W. Preston Street, M-9  
 Baltimore, MD 21201  
 410-767-4270

Signature \_\_\_\_\_

Date \_\_\_\_\_